

Construction Notice

This contact list may not be complete. If you cannot find the contact you are looking for, please close this page and E-mail the web master. You may also contact Provider Relations at the number on this document.

Hearing Aid Providers Key Contacts

Hours are 8:00 a.m. to 5:00 p.m. (Mountain Time) Monday - Friday

Topic	Contact	Information Available
Claims (Medicaid)	Claims Processing Unit P. O. Box 8000 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	 Send paper claims to this address. Call for answers to claims questions.
Client Eligibility		• See <i>Client Eligibility</i> in the <i>Key Contacts</i> listing.
PASSPORT Client HelpLine	PASSPORT to Health P.O. Box 254 Helena, MT 59624-0254 Phone:	Clients who have general Medicaid questions may call the Client HelpLine.
PASSPORT Provider HelpLine	(800) 362-8312 In and out of state PASSPORT to Health P.O. Box 254 Helena, MT 59624-0254 Phone: (800) 480-6823 In and out of state	For answers to any PASSPORT related questions. To enroll as a PASSPORT provider.
Policy Questions	Frank Malek Medicaid Services Bureau P.O. Box 202951 1400 Broadway Helena, MT 59620-2951 Phone: (406) 444-4068 In and out of state Fax: (406) 444-1861 In and out of state E-Mail: fmalek@state.mt.us	See also Policy Questions in Key Contacts listing.
Prior Authorization	Hearing Aid Program Officer DPHHS Health Policy and Services Division Medicaid Services Bureau P.O. Box 202951 Helena, MT 59620-2951 Phone: (406) 442-1837 Helena and out of state (800) 624-3958 In state	 Prior authorization is required for hearing aids. Please complete the form from the Hearing Aid Services manual and include a copy of the referral from the physician or mid-level practitioner, and audiogram, and a report from the licensed audiologist.

Hearing Aid Providers Key Contacts (continued)

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Topic	Contact	Information Available
Provider Enrollment	Provider Enrollment Unit P.O. Box 4936 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	To enroll as a Montana Medicaid Provider.
Provider Relations	Provider Relations Unit P.O. Box 4936 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	 For questions about claims, EDI, eligibility, payments, denials, or to request billing instructions, manuals, or fee schedules, call or write. Billing instructions, manuals, forms, and fee schedules are also available on the Provider Information Web Site at www.dphhs.state.mt.us/hpsd/
Restricted Client Authorization	Surveillance/Utilization Review Section P.O. Box 202953 Helena, MT 59620 Phone: (406) 444-4167 In and out of state	 For authorization for emergency services provided for restricted clients, contact the Surveillance/Utilization Review Section (SURS). All other services must be authorized by the client's designated provider. See Authorization, Prior and Restricted in the Key Contacts listing for other authorization information.
Third Party Liability	Third Party Liability Unit P. O. Box 5838 Helena, MT 59604 Phone: (800) 624-3958 In state (406) 442-1837 Out of state and Helena	For answers to questions about private insurance, Medicare or other third-party liability.